



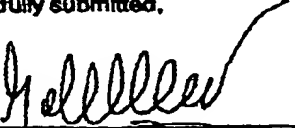
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Name of applicant, assignee or Registered Representative
James R. Franks
Signature
May 25, 2005
Date

Please charge the fee for response within the first month, \$110.00, to Deposit Account Number 50-2527. This paper is also authorization to charge any insufficiency of fees due with this filing to Deposit Account Number 50-2527.

Respectfully submitted,

By


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